

Attorney's Docket No.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of))) Group Art Unit: 1617						
Francis PRUCHE et al.) Group Art Unit: 1617						
Application No.: 09/915,353) Examiner: Mojdeh Bahar						
Filed: July 27, 2001) Confirmation No.: 6986						
For: GLUCOSYLATED HYDROXYSTILBENE COMPOUNDS FOR TREATING SKIN CONDITIONS)))						
AMENDMENT/REPLY 7	FRANSMITTAL LETTER						
Assistant Commissioner for Patents Washington, D.C. 20231							
Sir:							
Enclosed is a reply for the above-identified p	patent application.						
[X] A Petition for Extension of Time is als	X] A Petition for Extension of Time is also enclosed.						
	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
[X] Also enclosed is an Information Disclosure Statement, IDS Transmittal, PTO 1449 and 1 listed reference.							
[] Small entity status is hereby claimed.							
[] Applicant(s) request continued examin [] \$370.00 (279) [] \$740.00 (179) fee of	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).						
[] Applicant(s) previously submitted requested.	d, on, for which continued examination is						
exceed three months from the filing of	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[] A Request for Entry and Consideratio (146/246) is also enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.						
[] No additional claim fee is required.							
[] An additional claim fee is required, as	nd is calculated as shown below:						

		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	16	MINUS 26 =	0	× \$18.00 (103) =	0.00
Independent Claims	6	MINUS 10 =	0	× \$84.00 (102) =	0.00
If Amendment adds mu	0.00				
Total Amendment Fee	. 0.00				
If small entity status is	0.00				
TOTAL ADDITIONA	0.00				

[]	A claim fee in th	ne amount of \$	is enclosed
[]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: September 6, 2002